1773

BUREAU OF VITAL STATISTICS **ARIZONA STATE BOARD OF HEALTH** STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH

County _Graham_ State _Arizona_ State File No. _____

District or Township _Safford_ or Village _____ Registered No. _1919_ 92

City _____ No. _____ or

(If death occurred in a hospital or institution, give its NAME instead of street and number). _____ St., _____ Ward

2. FULL NAME _Heber G. Boyle_

(a) Residence. No. _Pima_ _____ St., _____ Ward. _____
(Usual place of abode)   (If non-resident, give city or town and State)

Length of residence in city or town where death occurred _40_ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH

3. SEX	4. COLOR or RACE	5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word)
Male	White	Married

16. DATE OF DEATH _Sept._ _12_ 19_30_
Month / Day / Year

5a. If married, widowed, or divorced
HUSBAND of _Lucile Boyle,_
(or) WIFE of

17. I HEREBY CERTIFY. That I attended deceased from _July 24_, 19_30_ to _Sept 12_, 19_30_, that I last saw h__ alive on _Sept 12_, 19_30_, and that death occurred, on the date stated above, at _6-30 P. m._ The CAUSE OF DEATH* was as follows:

6. DATE OF BIRTH (month, day and year) _Feb 14 1883_

Carcinoma Bladder

7. AGE	Years	Months	Days	IF LESS than 1
	47	7	3	day ____ or ____ hrs.

_____ (duration) ____ yrs. ____ mos. ____ ds.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work _Painter_
(b) General nature of industry, business or establishment in which employed (or employer) _____
(c) Name of employer _____

CONTRIBUTORY (Secondary) _____
_____ (duration) ____ yrs. ____ mos. ____ ds.

9. BIRTHPLACE (city or town) _Payson_
(State or country) _Utah_

18. Where was disease contracted
If not at place of death? _____
Did an operation precede death? _Yes_ Date of _Aug 5th_ 19_30_
Was there an autopsy? _No_
What test confirmed diagnosis? _____

10. NAME OF FATHER _Henry G. Boyle,_

11. BIRTHPLACE OF FATHER _____
(city or town)
(State or country) _Virginia_

(Signed) _____ H W Squibb M. D.
Sept 17 19_30_ (Address) _Safford a_

12. MAIDEN NAME OF MOTHER _Arbita McKinley_

13. BIRTHPLACE OF MOTHER _Burlington_
(city or town)
(State or country) _Iowa_

* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space).

14. Informant _Frank Boyle_
(Address) _Safford City_

15. Filed _10-8-_, 19_30_ _R. N. Stratton_ Registrar.

19. PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Pima Arizona	_Sept 14-30_
20. UNDERTAKER _W. C. Ramsy_	ADDRESS _Safford_